02-08-07

FEB 0 7 2007

Atty. Dkt. No. 034536-0220

AF/IFW/#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Tod R. SMEAL et al.

Title:

PHOSPHOSPECIFIC PAK

ANTIBODIES AND DIAGNOSTIC KITS

Appl. No.:

10/716,936

Filing Date:

11/20/2003

Examiner:

Sean E. AEDER

Art Unit:

1642

Confirmation

6791

Number:

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EL 9135649305 2/707

(Express Mail Label Number) (Date of Deposit)

(Printed Name)

(Signature)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 8, 2006, and in the Advisory Action dated November 29, 2006, finally rejecting Claims 1-15 and 18-25.

- [] Applicant claims small entity status.
- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee

[X] To be paid as detailed below

[]Not required (Fee paid in prior appeal)

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01 FC:1401 02 FC:1253 500.00 OP



The required fees are calculated below:

[X]	Notice of Appeal Fee	\$500.00
[X]	Extension for response filed within the third month:	\$1,020.00
[]	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
[]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,520.00

A credit card payment form in the amount of \$1,520.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

elonay 7, 2007 By V.s.

Respectfully submitted,

Beth A. Burrous, Reg. No. 35,087

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